

Nutrition, Health, and Transportation Services
CNP 2000 Access Request Form/SFSP

SPECIAL ACCESS FOR SUMMER FOOD SERVICE PROGRAM
DURING H1N1 RELATED SCHOOL CLOSURE, 2009-10

This form allows the authorized representative of an LEA to request staff members' access to various functions within the Summer Food Service Program (SFSP) section of the CNP 2000 system. Access to the Sponsor application (including the site applications) and claims may be individually tailored. Rates of reimbursement will be accessible to all staff.

Staff who will be completing the application on line for participation must have enter/modify access to the Sponsor application. Staff who must have access to the information in the sponsor or site applications but who will not be entering the application on line may be granted view only access. Staff who will be filing claims must have enter/modify access to the claims section. Claims inquiry access may be granted to staff who need access to the information in the claims section but who will not be entering the claims.

Please note that inadvertent changes in the Sponsor or site application or the claims may result in difficulties submitting claims or claims errors.

To request access for a staff member, complete one line of the form below for each staff member needing to have access. DO NOT ENTER THE NAMES OF ALL STAFF MEMBERS ON THIS LIST. Use a check mark or X in the appropriate columns to indicate which permissions should be granted. Leave all other boxes blank. See the example on the next page. Please only request access to the SFSP portion of the CNP 2000 system for key staff who, because of their job functions, need access to one or more areas. The signature of the authorized representative is required where indicated.

In the example, A. Jones has view only access to the application, but has enter and modify access for the claims.

The CNP 2000 system will assign a default password for each staff member named on the form. The Authorized Representative will be provided the default password for each staff member by email. Staff are expected to change the default password on first log in.

To increase the level of access, complete a form as described above for a new staff member. Write the word "ADD" next to the person's name. Mark the areas of access that need to be added.

To terminate access, complete one line of the form for each staff member who no longer requires access. Write the words "DISCONTINUE ACCESS" next to the person's name.

PASSWORDS WILL ONLY BE ISSUED TO LEAS WHO HAVE RETURNED THE WAIVER REQUEST TO PARTICIPATE. PASSWORDS ISSUED FOR THIS PROGRAM WILL BE TERMINATED BY THE STATE AGENCY AT THE END OF THE 09-10 SCHOOL YEAR.

Return the completed form by fax to 515-281-6548. New logins and passwords are generally issued within 2-3 working days.

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NAME OF LEA: _____ AGREEMENT No.: _____

PLEASE PRINT OR TYPE NAME OF STAFF MEMBER AND POSITION	SFSP Sponsor Applications Access		Claims Access	
	View Only	Enter & Modify	Inquiry	Enter & Modify
A.Jones/Secretary	x			x

The Authorized Representative agrees to notify Nutrition, Health, and Transportation Services promptly when any of the above named individuals leaves the LEA or no longer requires access to the CNP 2000 system, to cancel access to the system. The Authorized Representative agrees to request access individually for additional or replacement staff as needed.

Signature of Authorized Representative _____

Email _____ Phone _____

Date Completed or Signed _____

For State Agency Use Only:

Default passwords to be provided to Authorized Representative by email on _____

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.